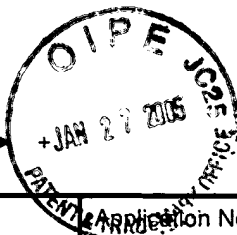


Please type a plus sign (+) inside this box →



HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/009,446
Filing Date:	May 24, 2002
Inventor(s)	Nicolaas van der BLOM
Group Art Unit	3745
Examiner Name	Igor Kershteyn
Attorney Docket Number	1500-000002/US

ENCLOSURES (check all that apply)

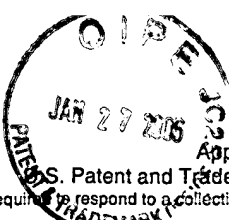
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	John A. Castellano	Reg. No.	35,094
Signature					
Date	January 27, 2005				

Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (08-00)



Approved for use through 11/30/2005. OMB 0651-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application No.	10/009,446
Filing Date:	May 24, 2002
Inventor(s)	Nicolaas van der Blom
Group Art Unit	3745
Examiner Name	Igor Kershteyn
Attorney Docket Number	1500-000002/US

To: **Customer Service Window
Randolph Building
401 Dulany St.
Alexandria, VA 22314**

I hereby apply to withdraw as attorney or agent on behalf of all attorneys and agents, associated with customer number **30593** for the above identified application, including at least:

John A. Castellano	Reg. No. 35,094
Terry L. Clark	Reg. No. 32,644
Donald J. Daley	Reg. No. 34,313
Gary D. Yacura	Reg. No. 35,416

The reasons for this request are:

The Assignee has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number
OR

☒ Firm or
Individual Name

Nicolaas van der Blom, President
NVB International a/s

Address Gaerdet 12

Address P.O. Box 69

City 3460 Birkerød

State

ZIP

Country DENMARK

Telephone 011-45-4581-1596

Fax

011-45 4582-1597

This request is enclosed in triplicate.

Name **John A. Castellano Reg. No. 35,094**

Signature

Date **January 27, 2005**

**NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
period for response or possible extension period, the request to withdraw is normally disapproved.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.